

SESSION SCHEDULE CHECKLIST

	wing checklist has been developed to assist you when preparing and submitting a Session Form.
1.	Please include your State License Number (EX: G-0005670), if applicable.
2.	A correct fax number or e-mail address must be provided in order for the Office to fax or e-mail a license.
3.	Organization Official must complete the amount of rent per session and provide a lease, if applicable.
4.	When submitting a request to <i>add or delete</i> a session(s), <i>organization official and commercial lessor/non-commercial lessor</i> must sign the form approving the session(s).
5.	List all dates and times of events. Enter the starting time of a session as the time the organization will begin selling paper/pulltabs. Circle AM or PM, Length, and Add or Delete.
6.	 Additional Session Schedule A. If organization has events at more than one location, complete a form for each location and include lease agreement, if applicable. B. List all dates, times and length of sessions for each additional location.
7.	Lease AgreementA. If organization is paying rent for any location, submit a signed lease agreement.B. Lease agreements must include all dates and times organization is to conduct gaming activities.
8.	When changing schedule of dates and times, give specific dates and times. Use the Calendar Schedule for changing multiple sessions. A. Circle add or delete B. Circle a.m. or p.m. C. Enter the time. D. Enter the length of session: 2 hours, 4 hours or 6 hours. Session cannot exceed 6 hours.
9.	The second and subsequent revisions to your license must be accompanied by a \$25 check, made payable to "Office of Charitable Gaming" and written on the gaming account.

If you have questions concerning any application information, contact the Office at 1-800-562-9235 or locally at 225-925-1835. You may also visit our website at www.ocg.louisiana.gov.



Office of Charitable Gaming
PO BOX 98502, Baton Rouge, LA 70884-9502
(225) 925-1835 or (800) 562-9235 FAX (225) 219-1910 www.ocg.louisiana.gov

Session Schedule

	2					
☐ ORIGINAL APPLICATION				License Y	ear Ending 6/30/20	
☐ RENEWAL				State Licer	nse Number:	
☐ REQUEST CHANGE TO LICENS	E			G		
	e use one form	per location w	here games a	re played **		har
Name of Organization					Organization Fax Num (where you want the licen	se faxed)
A CRITICAL COLOR			ום יווי ח	"	()	
Name of Building Where Games are Conducted	l		Building Phon	e #	Building Fax Number	
Physical Address of Building (Include City & 2	(in Code)		Parish of Build	lino	E-mail Address	
Thysical radiess of Building (filelade City & 2	np code)		Tailish of Bank	mig	L man radiess	
Amount of rent per session: \$		Т				
(Attach copy of rental or lease agreement)		Check her	e if building is ow	ned by organizat	tion or provided free of	charge.
1. Only one FAX per modificati				~~~~ ~		
2. Change requests must be sub3. Change requests not complet		•			orovai.	
4. The second and subsequent of					le navable to "Office	of
Charitable Gaming" and wri			ompanied by a q	,25 check, ma	ic puyubic to Office	. 01
5. This form must be signed by			-In-Charge and	the commerc	ial or non-commerci	al
lessor.						
6. For additional dates, use scho					ICIT ONT	
DAY DATE	E REQUESTED TIME	CHANGE: Circle one	LENGTH	DELETE	ECK ONE: ADD	
DAT DATE	TIVIE	AM PM	LLITOTH	DEELL	7100	
		AM PM				
The Office has the right to den	v modification	if organizatio	n is in arreal	·S.		
Organization Official (print)	Signature		Date		Daytime Phone # & Area	a Code
	X					
Commercial/Non-Commercial Lessor (only required on modifications)	Signature		Date		Daytime Phone # & Area	a Code
(only required on modifications)						
	X					
			•			
	DO NOT	WRITE BELOV	THIS LINE			
Check Number			THISLINE			
Check Number		OVED		imes ☐ No M	Iodification Fee	
Check Number	☐ APPR	OVED				
	☐ APPR	OVED ED Due to	: Conflicting T	e		
Invoice Number	☐ APPR	OVED ED Due to	Conflicting T	Other		

Offic	e of Ch	aritable Gaming	State License # G-	
Organization Name:		Signature of Organization Official Approval: (Required)	Date signed:	Organization Phone #:
Building Where Games are Held:		Lessor (Hall) Approval (Required)	Date signed:	Hall Contact Phone #:
Rent Amount \$		Fax Number / E-mail address :	<u> </u>	
Building Address:	() C	heck if this schedule will delete all sessions processions. Change requests must be submitted no later than 5 submit the entire year's schedule to avoid addition 5. Enter time and length of session and circle AM or	(five) business days in adal charges and/or delays.	

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Holidays are listed for your information only.

There may be others not listed. Sessions may be scheduled on these days.

Holidays: July 4th – Independence Day

	Add Delete Time: AM PM	2 Add Delete Time: AM PM	3 Add Delete Time: AM PM	4 Add Delete Time: AM PM	5 Add Delete Time: AM PM	6 Add Delete Time: AM PM
	Length:	Length:	Length:	Length:	Length:	Length:
7 Add Delete Time: AM PM Length:	8 Add Delete Time: AM PM Length:	9 Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:
14	15	16	17	18	19	20
Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete
Time:	Time:	Time:	Time:	Time:	Time:	Time:
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Length:	Length:	Length:	Length:	Length:	Length:	Length:
21	22	23	24	25	26	27
Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete
Time:	Time:	Time:	Time:	Time:	Time:	Time:
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Length:	Length:	Length:	Length:	Length:	Length:	Length:
28	29	30	31	If any requested s	session conflicts with	another
Add Delete	Add Delete	Add Delete	Add Delete	• •	eduled session, you	
Time:	Time:	Time:	Time:	O	Office has the right	
AM PM	AM PM	AM PM	AM PM		ganization is in arr	•
Length:	Length:	Length:	Length:	mounication if of	Samzanon is in arr	CUI D

	Office of	Charitable Gamii	ng	Stat	e License # G-	
Organization Name	e:	Signature of (Required)	f Organization Officia	al Approval:	Date signed:	Organization Phone #
Building Where Ga	ames are Held:	Lessor (Hall	l) Approval (Require	d)	Date signed:	Hall Contact Phone #:
Rent Amount \$		Fax Number	r / E-mail address :			
Building Address:		 Change reques Submit the entities 	ts must be submitted ire year's schedule to length of session and	no later than 5 avoid additiona	previously submit (five) business days in a al charges and/or delays PM and Add or Delete.	
			August 2019			
Sunday	Monday	Tuesday	Wednesday	Thursda	·	Saturday
session, yours will	not be approved.	ch another organization		Add Deleter Time: AM PM Length:	e Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:
4	5	6	7	8	9	10
Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	e Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:
11 Add Delete	12 Add Delete	13 Add Delete	14 Add Delete	15 Add Delete	16	17 Add Delete
Time: AM PM	Time: AM PM	Time: AM PM Length:	Time: AM PM Length:	Time: AM PM Length:	Time: AM PM Length:	Time: AM PM Length:
Length: 18	Length:	20	21	22	23	24
Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:		Add Delete Time: AM PM Length:
25 Add Delete Time: AM PM Length:	26 Add Delete Time: AM PM Length:	27 Add Delete Time: AM PM Length:	28 Add Delete Time: AM PM Length:	29 Add Delete Time: AM PM Length:	30 Add Delete Time: AM PM Length:	31 Add Delete Time: AM PM Length:

	Office of	Charitable Gamin	ng		State Licer	nse # G-		
Organization Name:		Signature of (Required)	Organization Official A	proval:	Date S	Signed	Org	ganization Phone #:
Building Where Gam	es are Held:	Lessor (Hall)	Approval (Required)		Date S	Signed:	Hal	l Contact Phone #:
Rent Amount \$		Fax Number	/ E-mail address:					
Building Address:		2. Submit the entire	ule will delete all ses must be submitted no la year's schedule to avoi ength of session and circ	ter than 5 d additiona	(five) busine al charges an	ss days in advanc d/or delays.		h.
			September 2019					•
Sunday	Monday	Tuesday	Wednesday	Thu	ursday	Friday		Saturday

Holidays are listed for your information only. There may be others not listed. Sessions may be scheduled on these days.

Holidays: September 2nd – Labor Day

1	2	3	4	5	6	7
Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete
Time:	Time:	Time:	Time:	Time:	Time:	Time:
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Length:	Length:	Length:	Length:	Length:	Length:	Length:
8	9	10	11	12	13	14
Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete
Time:	Time:	Time:	Time:	Time:	Time:	Time:
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Length:	Length:	Length:	Length:	Length:	Length:	Length:
15	16	17	18	19	20	21
Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete
Time:	Time:	Time:	Time:	Time:	Time:	Time:
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Length:	Length:	Length:	Length:	Length:	Length:	Length:
22	23	24	25	26	27	28
Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Ad Delete
Time:	Time:	Time:	Time:	Time:	Time:	Time:
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Length:	Length:	Length:	Length:	Length:	Length:	Length:
29	30	-				
Add Delete	Add Delete	If any requested	l session conflicts wi	th another organiza	tion's scheduled ses	sion, yours
Time:	Time:	will not be appr		· ·		, v
AM PM	AM PM			dification if organiza	ition is in arrears	
Length:	Length:	The office has th	is right to delly mot	incultin in organiza	www.	

Office o	State License #G-			
Organization Name:		Signature of Organization Official Approva	l: Date signed:	Organization Phone #:
Building Where Games are Held:		Lessor (Hall) Approval (Required)	Date signed:	Hall Contact Phone #:
Rent Amount \$		Fax Number / E-mail address :		
Building Address:	4. 5.	ck if this schedule will delete all session. Change requests must be submitted no later to Submit the entire year's schedule to avoid ad Enter time and length of session and circle A	than 5 (five) business diditional charges and/or	ays in advance. delays.
		October 2010		

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

 $\textbf{\textit{Holidays are listed for your information only. Holidays: } October~31^{\textit{St}}-Halloween.}$

There may be others not listed. Sessions may be scheduled on these days.

If any requested session conflicts with another organization's schedule sessions, yours will not be approved.

		1	2	3	4	5
		Add Delete	Add Delete	Add Delete	Add Delete	Add Delete
		Time:	Time:	Time:	Time:	Time:
		AM PM	AM PM	AM PM	AM PM	AM PM
		Length:	Length:	Length:	Length:	Length:
6	7	8	9	10	11	12
Add Delete	Add Delete					
Time:	Time:	Time:	Time:	Time:	Time:	Time:
AM PM	AM PM					
Length:	Length:	Length:	Length:	Length:	Length:	Length:
13	14	15	16	17	18	19
Add Delete	Add Delete					
Time:	Time:	Time:	Time:	Time:	Time:	Time:
AM PM	AM PM					
Length:	Length:	Length:	Length:	Length:	Length:	Length:
20	21	22	23	24	25	26
Add Delete	Add Delete					
Time:	Time:	Time:	Time:	Time:	Time:	Time:
AM PM	AM PM					
Length:	Length:	Length:	Length:	Length:	Length:	Length:
27	28	29	30	31		
Add Delete	The office has th	e right to				
Time:	Time:	Time:	Time:	Time:	deny modification	C
AM PM	organization in a					
Length:	Length:	Length:	Length:	Length:		

	Office of (Charitable Gami	ing	S	tate License #G-			
Organization Nan	ne:	Signature of (Required)	of Organization Officia	al Approval:	Date Signed:	C	Organization Phone #:	
Building Where C	Games are Held:	Lessor (Ha	ll) Approval (Required	d)	Date Signed:	H	Iall Contact Phone #:	
Rent Amount \$		Fax Number	er / E-mail address :		1			
Building Address	:	 Change req Submit the 	s schedule will deleguests must be submitted entire year's schedule and length of session a	ed no later the to avoid addi and circle AM	an 5 (five) busing tional charges ar	ess days in ac nd/or delays.		
Sunday	Monday	Tuesday	November 2019 Wednesday	Thurs	sday T	Friday	Saturday	
November 1 St – A If any requested	ll Saints Day; Novemb	ber 11 th – Veterans 1 1 another organizat	be others not listed. He Day; November 28 nd - ion, yours will not be is in arrears	-Thanksgivir	ag Day. Add Time: AM Length	PM	Add Delete Time: AM PM Length:	
3 Add Delete Time: AM PM Length:	4 Add Delete Time: AM PM Length:	5 Add Delete Time: AM PM Length:	6 Add Delete Time: AM PM Length:	7 Add Delete Time: AM PM Length:	Time:	Delete PM	9 Add Delete Time: AM PM Length:	
10 Add Delete Time: AM PM Length:	11 Add Delete Time: AM PM Length:	12 Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	14 Add Delete Time: AM PN Length:	15 Add Time:	Delete PM	16 Add Delete Time: AM PM Length:	
Add Delete Time: AM PM Length: 24 Add Delete Time: AM PM Length:	18 Add Delete Time: AM PM Length: 25 Add Delete Time: AM PM Length:	19 Add Delete Time: AM PM Length: 26 Add Delete Time: AM PM Length:	20 Add Delete Time: AM PM Length: 27 Add Delete Time: AM PM Length:	Add Delet Time: AM PM Length: 28 Add Delet Time: AM PM Length:	Time: AM Length 29 e Add Time:	Delete PM	23 Add Delete Time: AM PM Length: 30 Add Delete Time: AM PM Length:	

	Office	of Charitable Gamin	ıg	;	State License #G-		
Organization Nam	e:	Signature ((Required)	•	Organization Official Approval: Date Signed		C	Organization Phone #:
Building Where G	ames are Held:	Lessor (Ha	ll) Approval (Required)	Date Signed:	H	Iall Contact Phone #:
Rent Amount \$		Fax Numb	oer / E-mail address :			l	
Building Address	s:	3. Change reque4. Submit the en	sts must be submitted notice year's schedule to a length of session and control of the session and con	o later than 5 (twoid additional	five) business days in charges and/or delay	advance.	nth.
			December 2019				
Sunday	Monday	Tuesday	Wednesday	Thu	rsday F	'riday	Saturday
Add Delete	2 Add Delete	3 Add Delete	4 Add Delete	5 Add De		Delete	7 Add Delete
1	2		4	5	6	D. 1.	
Fime:	Time:	Time:	Time:	Time:	Time:		Time:
AM PM	AM PM	AM PM	AM PM	AM Pl		PM	AM PM
Length:	Length:	Length:	Length:	Length:	Length:		Length:
8 Add Delete Time: AM PM Length:	9 Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add De Time: AM Pl Length:	Time:	Delete PM	Add Delete Time: AM PM Length:
15	16	17	18	19	20		21
Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add De Time: AM Pl Length:	lete Add I Time:	Delete PM	Add Delete Time: AM PM Length:
22	23	24	25	26	27		28
Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Del Time: AM Pl Length:	ete Add D Time:	PM	Add Delete Time: AM PM Length:
29 Add Delete Fime: AM PM	30 Add Delete Time: AM PM	31 Add Delete Time: AM PM	session, yours w	ll not be app	icts with another or roved.	C	

	Office	of Charitable Gaming		State License #G-	
Organization Name: Signa (Req			Organization Official Approval:	Date signed:	Organization Phone #
Building Where Gan	nes are Held:	Lessor (Hal	l) Approval (Required)	Date signed:	Hall Contact Phone #:
Rent Amount \$		Fax Numb	er / E-mail address :		
		2. Submit the entir	s must be submitted no later than 5 (f e year's schedule to avoid additional ength of session and circle AM or PN	charges and/or delays.	ance.
			January 2020		
Sunday	Monday	Tuesday	Wednesday Thu	ırsday Frid	ay Saturday
<u> </u>	heduled on these		oe others not listed.		
Holidays: January		's Day uther King Jr Day			

If any requested session conflicts with another organization's scheduled session, yours will not be approved. The Office has the right to deny modification if organization is in arrears.			Add Delete Time: AM PM Length:			
5 Add Delete Time: AM PM Length: 12 Add Delete Time: AM PM Length:	6 Add Delete Time: AM PM Length: 13 Add Delete Time: AM PM Length:	7 Add Delete Time: AM PM Length: 14 Add Delete Time: AM PM Length:	8 Add Delete Time: AM PM Length: 15 Add Delete Time: AM PM Length:	9 Add Delete Time: AM PM Length: 16 Add Delete Time: AM PM Length:	10 Add Delete Time: AM PM Length: 17 Add Delete Time: AM PM Length:	11 Add Delete Time: AM PM Length: 18 Add Delete Time: AM PM Length:
Add Delete Time: AM PM Length:	20 Add Delete Time: AM PM Length:	21 Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	23 Add Delete Time: AM PM Length:	24 Add Delete Time: AM PM Length:	25 Add Delete Time: AM PM Length:
Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	

	Office	of Charitable Gami	inσ	S	tate License #G-	
Organization Nan			of Organization Official	Approval:	Date signed:	Organization Phone #:
Building Where C	Games are Held:	` 1	fall) Approval (Required)		Date signed:	Hall Contact Phone #:
Rent Amount \$		Fax Nun	nber / E-mail address :			
Building Address:	:	4. Change reque5. Submit the ent	dule will delete all session sts must be submitted no latire year's schedule to avoid length of session and circ	nter than 5 (fiv d additional cl	e) business days in adv narges and/or delays.	
~ -	1		February 2020	1		
Sunday	Monday	Tuesday	Wednesday y be others not listed.	Thur	sday Frid	day Saturday
• •			ntion's scheduled session zation is in arrears.	on, yours wil	l not be approved.	Add Delete Time: AM PM
				ı		Length:
2	3	4	5	6	7	8
Add Delete Time:	Add Delete Time:	Add Delete Time:	Add Delete Time:	Add Dele Time:	te Add Del Time:	ete Add Delete Time:
AM PM	AM PM	AM PM	AM PM	AM PM		
Length:	Length:	Length:	Length:	Length:	Length:	Length:
9	10	11	12	13	14	15
Add Delete	Add Delete	Add Delete	Add Delete	Add Dele		
Time:	Time:	Time:	Time:	Time:	Time:	Time:
AM PM	AM PM	AM PM	AM PM	AM PM	I AM PI	M AM PM
Length:	Length:	Length:	Length:	Length:	Length:	Length:
16	17	18	19	20	21	22
Add Delete	Add Delete	Add Delete	Add Delete	Add Dele		
Time:	Time:	Time:	Time:	Time:	Time:	Time:
AM PM	AM PM	AM PM Length:	AM PM	AM PM		
Length:	Length:		Length:	Length:	Length:	Length:
23	24	25	26	27	28	29
Add Delete	Add Delete	Add Delete	Add Delete	Add Dele		
Time:	Time:	Time:	Time:	Time:	Time:	Time:
AM PM	AM PM	AM PM	AM PM	AM PM		
Length:	Length:	Length:	Length:	Length:	Length:	Length:

Office of	State License #G-					
Organization Name:		Signature of Organization Official Approval: (Required)		Date signed:	Organization Phone #:	
Building Where Games are Held:		Lessor (Hall) Approval (Required)		Date signed:	Hall Contact Phone #:	
Rent Amount \$		Fax Number / E-mail address :				
Building Address:	 () Check if this schedule will delete all sessions previously submitted for this month. 1. Change requests must be submitted no later than 5 (five) business days in advance. 2. Submit the entire year's schedule to avoid additional charges and/or delays. 3. Enter time and length of session and circle AM or PM and Add or Delete. 					

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Holidays are listed for your information only. There may be others not listed. Sessions may be scheduled on these days.

Holiday: March 17 th – St. Patrick's Day

1	2	3	4	5	6	7
Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete
Time:	Time:	Time:	Time:	Time:	Time:	Time:
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Length:	Length:	Length:	Length:	Length:	Length:	Length:
8	9	10	11	12	13	14
Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete
Time:	Time:	Time:	Time:	Time:	Time:	Time:
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Length:	Length:	Length:	Length:	Length:	Length:	Length:
15	16	17	18	19	20	21
Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete
Time:	Time:	Time:	Time:	Time:	Time:	Time:
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Length:	Length:	Length:	Length:	Length:	Length:	Length:
22	23	24	25	26	27	28
Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete
Time:	Time:	Time:	Time:	Time:	Time:	Time:
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Length:	Length:	Length:	Length:	Length:	Length:	Length:
29	30	31	If any requested se	ession conflicts with a	another organization	n's
Add Delete	Add Delete	Add Delete	scheduled session,	yours will not be ap	proved.	
Time:	Time:	Time:		right to deny modifi	_	on is in
AM PM	AM PM	AM PM		right to delly mount	canon n organizani	JII 13 III
Length:	Length:	Length	arrears.			

Office of Charitable Gaming					State License #G-			
			Organization Officia	l Approval:	Date signed:	Org	anization Phone #:	
Building Where Ga	imes are Held:	Lessor (Hall	Lessor (Hall) Approval (Required) Date signed:			Hal	l Contact Phone #:	
Rent Amount \$		Fax Number	Fax Number / E-mail address :					
Building Address: () Check if this schedule will delete all sessions previously submitted for this month. 4. Change requests must be submitted no later than 5 (five) business days in advance. 5. Submit the entire year's schedule to avoid additional charges and/or delays. 6. Enter time and length of session and circle AM or PM and Add or Delete.								
	April 2020							
Sunday	Monday	Tuesday	Wednesday	Thurso	day Frie	day	Saturday	

Tuesday Wednesday Holidays are listed for your information only. There may be others not listed.

Sessions may be scheduled on these days.

Holiday: April 10th – Good Friday

April 12th - Easter

If any requested session conflicts with another organization's scheduled session, yours will not be approved.			Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	3 Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:
5 Add Delete Time: AM PM Length:	6 Add Delete Time: AM PM Length:	7 Add Delete Time: AM PM Length:	8 Add Delete Time: AM PM Length:	9 Add Delete Time: AM PM Length:	10 Add Delete Time: AM PM Length:	11 Add Delete Time: AM PM Length:
Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:
19 Add Delete Time: AM PM Length:	20 Add Delete Time: AM PM Length:	21 Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	23 Add Delete Time: AM PM Length:	24 Add Delete Time: AM PM Length:	25 Add Delete Time: AM PM Length:
26 Add Delete Time: AM PM Length:	27 Add Delete Time: AM PM Length:	28 Add Delete Time: AM PM Length:	29 Add Delete Time: AM PM Length:	30 Add Delete Time: AM PM Length:	The Office has the modification if orgarrears.	•

	Office of	f Charitable Gam	Charitable Gaming State License #G-				
Organization Na	me:	Signature (Required)	of Organization Offic	ial Approval:	Date signed:	Organization Phone #:	
Building Where	Games are Held:	Lessor (H	all) Approval (Require	ed)	Date signed:	Hall Contact Phone #:	
Rent Amount \$		Fax Numb	oer / E-mail address :		1	'	
Building Address: () Check if this schedule will delete all sessions previously subrated 1. Change requests must be submitted no later than 5 (five) business 2. Submit the entire year's schedule to avoid additional charges and 3. Enter time and length of session and circle AM or PM and Add on					5 (five) business onal charges and/o	days in advance. or delays.	
Sunday	Monday	Tuesday	May 2020 Wednesday	Thurso	lov Eni	iday Saturday	
Sessions may be	are listed for your information only. There may be others not listed. nay be scheduled on these days. May 10^{th} – Mother's Day; May 25^{th} – Memorial Day					Add Delete Time: AM PM Length:	
3 Add Delete Time: AM PM Length:	4 Add Delete Time: AM PM Length:	5 Add Delete Time: AM PM Length:	6 Add Delete Time: AM PM Length:	7 Add Delete Time: AM PM Length:	Time:	elete Add Delete Time: AM PM Length:	
10 Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Time:	elete Add Delete Time: AM PM Length:	
Add Delete Time: AM PM Length:	18 Add Delete Time: AM PM Length:	19 Add Delete Time: AM PM Length:	20 Add Delete Time: AM PM Length:	21 Add Delete Time: AM PM Length:	e Add De Time:	elete Add Delete Time: AM PM Length:	
24 Add Delet e Time: AM PM	25 Add Delete Time: AM PM Length:	26 Add Delete Time: AM PM Length:	27 Add Delete Time: AM PM Length:	Add Delete Time: AM PM Length:	Time:	and Add Delete Time: AM PM Length:	
31 Add Delete Time: AM PM Length:	If any requested	session conflicts wit	h another organizati	on's scheduled	session, yours wi		

Office of Charitable Gaming					State License #G-		
Organization Name	:	Signature of (Required)	Signature of Organization Official Approval: Date signed: Required)			Org	ganization Phone #:
Building Where Ga	mes are Held:	Lessor (Hall)	Lessor (Hall) Approval (Required) Date signed:			На	ll Contact Phone #:
Rent Amount \$		Fax Number / E-mail address :					
Building Address: () Check if this schedule will delete all sessions previously submitted for this month. 1. Change requests must be submitted no later than 5 (five) business days in advance. 2. Submit the entire year's schedule to avoid additional charges and/or delays. 3. Enter time and length of session and circle AM or PM and Add or Delete.							
	June 2020						
Sunday	Monday	Tuesday	Wednesday	Thurso	lay F	riday	Saturday

Tuesday Wednesday Sunday Monday Thursday Holidays are listed for your information only. There may be others not listed. Sessions may be scheduled on these days.

Holiday: June 21^{st} – Father's Day

	1	2	3	4	5	6
	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete
	Time:	Time:	Time:	Time:	Time:	Time:
	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
	Length:	Length:	Length:	Length:	Length:	Length:
7	8	9	10	11	12	13
Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete
Time:	Time:	Time:	Time:	Time:	Time:	Time:
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Length:	Length:	Length:	Length:	Length:	Length:	Length:
14	15	16	17	18	19	20
Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete
Time:	Time:	Time:	Time:	Time:	Time:	Time:
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Length:	Length:	Length:	Length:	Length:	Length:	Length:
21	22	23	24	25	26	27
Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete	Add Delete
Time:	Time:	Time:	Time:	Time:	Time:	Time:
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Length:	Length:	Length:	Length:	Length:	Length:	Length:
28	29	30	If any requested sea	ssion conflicts with a	nother organization	ı's
Add Delete	Add Delete	Add Delete	scheduled session,	yours will not be app	oroved.	
Time:	Time:	Time:	· •	right to deny modifi		n is in
AM PM	AM PM	AM PM		ingine to delity infoding	cation ii organizatio	11 10 111
Length:	Length:	Length:	arrears.			